

F. F. THOMPSON HOSPITAL
CANANDAIGUA, N.Y. 14424

OPERATIVE REPORT

DATE OF SURGERY

6-24-80

SURGEON

J. Carpenter

ASSISTANT

Brondam

ANESTHETIST

Bloss

ANESTHESIA

CIRCULATING NURSE

Dickinson

SCRUB
NURSE

SPONGE

COUNT BY

GG/EE

DRAINS

ANES. TIME

10²⁵/₄ /

OP. TIME

10⁴⁰/₄ /

TISSUE TO LAB

PRE-OPERATIVE DIAGNOSIS:

and

Functioning colostomy

POST-OPERATIVE DIAGNOSIS:

PROPOSED OPERATION:

and

Closure

PROCEDURE DONE:

After the usual preparation and draping, the stoma was incised circumferentially and the colon separated from the abdominal wall. The peritoneal cavity was entered. The stoma was then closed transversely with a layer of running 00 chromic catgut inverted with a layer of interrupted 000 silk. A satisfactory lumen was obtained. The colon was dropped back within the peritoneal cavity and the wound closed with interrupted 28 gauge stainless steel wire and silk to the skin. The procedure was well tolerated.

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D 6-25

T 25

JCC/bc

SURGEON